									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999										09		25	4/85	5
CLAIMS AS FILED - PART I (Column 1) (Column 2)									AAL YPE	L ENT	.I∄A □	OR	OTHER	
FOR			NUMBER FILED			NUMBER EXTRA			ATE	F	EE	1	RATE	FEE
BASIC FEE									C.	34	5.00	OR		690.00
TOTAL CLAIMS			minus 2			=   *			\$ 9=	:		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3			= <b>*</b>			X39=		OR	X78=	7	
MULTIPLE DEPENDENT CLAIM PRESENT								+	130=		• • •	OR	+260=	1
* If the difference in column 1 is less than zero, enter "0" in column 2								TC	DTAL	-		OR	TOTAL	69C
CLAIMS AS AMENDED - PART II											•	_	OTHER	
	for the case of th		umn 1) AIMS	Taste all tales are		Column 2) HIGHEST	(Column 3)	SA	AL	LENT		OR	SMALL	
AMENDMENT A		REM Al	IAINING FTER NDMENT		Pi	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	×	\$ 9=			OR	X\$18=	
	Independent FIRST PRESE	*	ON OF MI	Minus	***		=	X	39=			OR	X78=	
	TINOT FRESE	INTAIR			CINL	DENT CLAIM		+1	30=			OR	+260=	
								ADD	TOTA			OR	TOTAL ADDIT. FEE	
			umn 1)	21-15		Column 2)	(Column 3)					_		
AMENDMENT B		REM AF	AIMS AINING FTER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	TIC	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X	9=			OR	X\$18=	
	Independent FIRST PRESE	*	N OF MI	Minus	**		=	X	39=			OR	X78=	
	THOTTREE	MATIC	711 O1 WIG		LIVE	DENT CEANIN		+1	30=			OR	+260=	
	•			٠.				ADDI	TOTA			OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)													
<b>5</b>		REM.	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R/	TE	TIO	DI- NAL E		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$	9=			OR	X\$18=	
	Independent	*		Minus	***		=	X3	9=	1		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										<del> </del>		OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
							highest number fo	und in	the a	ppropri	ate box	in colu	ımn 1.	